

**MEMBER'S INFORMATION**

I don't see my vision provider listed as part of the Heritage Vision Plans Network and would like to nominate my doctor and the practice location for inclusion.

**DATE:**

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**MEMBER NAME:**

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**EMPLOYER/GROUP NAME:**

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**PHONE:**

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**EMAIL:**

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**PROVIDER INFORMATION**

**PRACTICE NAME:**

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**DOCTOR(S) NAME:**

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**ADDRESS 1:**

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**ADDRESS 2:**

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**CITY, STATE, ZIP:**

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**PHONE:**

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**EMAIL:**

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**Submit the completed form using one of these methods:**

Email to: [provider\\_relations@heritagevisionplans.com](mailto:provider_relations@heritagevisionplans.com)  
Fax to: 313.863.1189  
Mail to:  
**Heritage Vision Plans, Inc.**  
**Attention: Provider Relations**  
**One Woodward Avenue, Suite 2020**  
**Detroit, MI 48226**

Questions? **Call 800.252.2053**

I understand that Heritage retains final authority for approving membership in its provider network.  
I also understand that Heritage may inform the doctor of my nomination.